



Montana Medicaid

CLAIM JUMPER

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Nurse First Survey Results Impressive

We are happy to report that a recent survey of Montana Medicaid's Nurse First clients showed that 94% of its participants are satisfied with the service.

Additional survey results found that more than 90% of Nurse First participants think more positively about Medicaid after joining the disease management program.

"Our goal is to make sure our clients get the care they need at an appropriate level. These survey results show that Nurse First is helping Montana Medicaid meet that goal, and we're excited about that," said Mary Angela Collins, Medicaid Managed Care Bureau Chief.

Many Nurse First participants have seen their health improve

compared to six months ago. Nearly 50% of participants who have asthma, heart failure, and diabetes told surveyors that their health had improved.

The study also found that:

- 84% said the disease management services are useful
- 94% would recommend the disease management service to a friend
- 80% are better equipped to discuss conditions/treatment plans with their healthcare provider

Nurse First is a disease management service provided by the Montana Department of Public Health and Human Services to about 63,000 Medicaid clients statewide. Registered nurses contact clients to provide disease information and teach them strategies to manage chronic illnesses, specifically asthma, heart failure, and diabetes. Nurse First is administered by McKesson Health Solutions. The program was first offered to Montana Medicaid clients in January 2004.

Clients also have access to a 24/7 nurse advice line, where registered nurses take calls and make appropriate care recommendations based on client reported symptoms.

The survey's primary purpose was to obtain information about client satisfaction with the disease management program. The survey assessed a number of satisfaction measures including nurse interactions; duration, frequency and content of calls; and

understandability and usefulness of program educational materials.

The survey also measured changes to the client's habits; impact of the service on the client's satisfaction with his/her health plan; and general health and productivity levels. Clients were randomly selected for survey participation.

For more information, contact Nurse First Program Officer Tedd Weldon at (406) 444-1518 or teweldon@mt.gov.

Submitted by Anastasia Burton, DPHHS

Web Portal Up and Running

Montana Medicaid, CHIP and ACS are pleased to announce that the Montana Access to Health Web Portal is up and running. The new web site can be accessed through <http://www.mtmedicaid.org> with the link titled Provider Services or directly at <https://mtaccesstohealth.acs-shc.com/mt/general/home.do>.

On the Montana Access to Health web portal, providers are able to verify eligibility, check claim status, and verify payment amounts. Additional features are being developed.

By now you should have received a welcome packet, which includes your submitter number, login and password. For anyone who was unable to attend the training sessions, a web tutorial will be posted on Montana Access to Health that explains the various offerings of the portal. If you have not received this information, or if you have

questions about the web portal and how to use it, please contact ACS Provider Relations at 800-624-3958. You can also send ACS an e-mail at MTPRhelpdesk@acs-inc.com.

Submitted by ACS

Helping With the Medicare Prescription Drug Benefit

Now that Medicare Prescription Drug Plans have been announced, health care providers have a unique opportunity to assist patients with the transition to Medicare Part D.

The new Medicare prescription drug benefit is for every person with Medicare. However, the transition process is especially crucial for the "dual eligible individuals" – people with both Medicaid and Medicare.

Dual eligible individuals will get prescription drugs from Medicare beginning Jan. 1, 2006, and will no longer get drugs from Medicaid. Dual eligible individuals will receive a letter from Medicare in early November giving them the name of the prescription drug plan to which they've been randomly assigned. They can enroll in a different plan, but if they don't, they will be auto-enrolled on Jan. 1, 2006, in the plan to which Medicare assigned them. Dual eligible individuals can also change plans as often as they need to. Medicaid benefits other than prescription drug coverage will not change.

To the extent possible, stay informed and up-to-date throughout the transition to Medicare Part D. Educate key staff. Review the breadth of each formulary, compatibility of the plan's formulary with medications commonly used by your patients, and drug benefit design and utilization management tools such as tiered formularies and prior authorization requirements.

Medicare beneficiaries may need provider assistance with exceptions or appeals processes. Part D plans must establish and maintain grievance and appeal procedures and processes for standard and expedited coverage determination.

Prescribing physicians can request coverage determinations for enrollees. Try to keep lines of communication open and prepare to be flexible and responsive to unanticipated situations.

DPHHS and ACS are committed to making the transition from Medicaid to Medicare Part D as smooth as possible for Montana's dual eligible individuals. Health-care professionals who need more information on Medicare Part D, especially how dual eligible individuals will be affected, can contact Mary Noel at the Department of Public Health and Human Services, manoel@mt.gov or 444-2584.

Submitted by Mary Noel, DPHHS

Fall Advanced Medicaid Training Scheduled

In response to providers' requests, fall trainings will cover Advanced Medicaid, including policy related topics. The seminars will be program specific and presented by state Medicaid representatives. A question and answer period will be included in each session. The sessions and presenters are listed below. This is the perfect opportunity for providers to interact with those who are responsible for these Medicaid programs.

- Patrick Brown – CHIP
- Niki Scoffield – PASSPORT
- Tedd Weldon -- Team Care
- Michelle Gillespie – CSCT
- Mary Noel – Medicare Part D
- Mary Jane Fox – Children's Mental Health Bureau
- Denise Brunett – Physician and Midlevel Practitioners
- Deb Stipcich – Outpatient Hospital
- Charlie Williams – Adult Mental Health Services

Two training seminars have been scheduled. The first will be held Thursday, October 13, at the Yel-

lowstone Inn in Livingston and the second Thursday, November 10, at St Patrick's Hospital in Missoula. All seminars are free and refreshments will be provided during breaks. The seminars are from 9 am to 5 pm, with a break for lunch between 11:45 am and 1 pm. There are many great restaurants available in both areas from which to choose. Pre-registration for the training seminars is strongly recommended, but not required.

Please complete the enclosed registration form and return it to ACS. We look forward to seeing you there.

Submitted by ACS

Ask ACS: Provider Relations Helpdesk

A few months ago, ACS implemented a new way for providers to contact us with questions, via email. You are guaranteed a response within 24 hours when you submit your questions to the following email addresses:

- MTPRHelpdesk@ACS-inc.com is for general eligibility and claims questions.
- MTEDIHelpdesk@ACS-inc.com is for general EDI and electronic billing questions.

Please observe HIPAA regulations and do not send emails containing Individually Identifiable Health Information such as client ID, name, or date of birth.

Submitted by ACS

OCR: How It Affects Claims

What is OCR?

OCR is Optical Character Recognition. This acronym describes the process in which paper claims are "read" by computer software.

How does OCR affect me?

The greatest impact OCR will have on providers is by dramatically increasing the speed at which paper claims are processed. Claims that used to take between 3 and 6 weeks to process now will take between

1 and 3 weeks depending on how you receive your remittance and payment from DPHHS.

Is there anything I can do to decrease my paper claims processing time?

Yes. Submit your claims laser printed on red claim forms with the claim information centered in the appropriate field. For example, if a phone number is on the line below the amount paid, the phone number may be "read" as a TPL amount. If you do not have access to red claim forms then submit only your claim

data and do not print the black lines of the claim form. When the claims are sent through the OCR process the red lines are removed from the claim and then the OCR system adds them back automatically at the end of the process.

Submitted by ACS

Blanket Denials

Blanket denials may be obtained for services a third party insurance will not cover. These denials remain valid for two years from the date

ACS issues them. If you have any questions, or need a blanket denial, please forward the information to the TPL unit:

ACS-TPL
P. O. Box 5838
Helena, MT 59604

You can also contact the third party liability unit directly with any questions at (800) 624-3958.

Submitted by ACS

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, go to the Provider Information website at www.mtmedicaid.org, and download the complete document. Select *Resources by Provider Type* for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	Provider Type	Description
Notices		
08/15/05	Private Duty Nursing	Revised Notice on Reimbursement Rate Increase
08/31/05	School-Based Services	Notice on FMAP change
Fee Schedules		
08/04/05	Speech Therapy	Updated Fee Schedule
08/11/05	Private Duty Nursing	Updated Fee Schedule
08/23/05	Hospital -- Outpatient	Updated APC Fee Schedule Updated Procedure Code Fee Schedule
Other Resources		
08/01/05	School-Based Services	Updated CSCT Audit Checklist
08/02/05	Pharmacy	Updated PDL
08/03/05	Pharmacy	Updated Quicklist
08/04/05	All Provider Types	Updated Medicaid Hard Card FAQs
08/05/05	School-Based Services	Updated CSCT Audit Checklist
08/08/05	Pharmacy	Updated PDL
08/08/05	Pharmacy	Updated Quicklist
08/11/05	All Provider Types	Updated icon for "Get Adobe Reader"
08/15/05	Schools	Revised MAC Agreement, Memorandum of Understanding
08/15/05	Schools	Participant List Q405 Financial Report Q305 Financial Report Q405
08/17/05	All Provider Types	September Claim Jumper
08/23/05	All Provider Types	Updated Webmaster Email Address on all web pages
08/29/05	Inpatient & Outpatient Hospital	Updated Critical Access & Exempt Hospital Services Provider Manual
08/30/05	Pharmacy	Updated PDL
08/31/05	Ambulance	Manual Replacement Pages for Key Contacts and Place of Service Codes
08/31/05	Non-Emergency Transport	Manual Replacement Pages for Key Contacts
09/02/05	All Provider Types	New Link to Montana Access to Health Web Portal

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

TPL (800) 624-3958 (In and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization

DMEPOS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604